



Commonwealth of Massachusetts

Employee Information Change Form

PLEASE PRINT CLEARLY AND SIGN AND DATE AT THE BOTTOM OF THIS FORM

Required Fields

Last Name	First Name	M.I.	Employee ID
Please provide a preferred contact number and time should we have any questions.			Department

Note: Changing information on this form is optional. Please skip any section you wish to leave unchanged.

ADDRESS (Leave Mailing Address blank if same as Home Address)

Home Address	Effective Month:	Day:	Year:	
Address Line 1	Address Line 2			
Address Line 3	City	State	Zip	County

Mailing Address	Effective Month:	Day:	Year:	
Address Line 1	Address Line 2			
Address Line 3	City	State	Zip	County

PHONE (Please check **only one** preferred number)

<input type="checkbox"/> Business # _____ ext _____	<input type="checkbox"/> Mobile # _____ ext _____
<input type="checkbox"/> Home # _____ ext _____	<input type="checkbox"/> Fax # _____ ext _____

Provide phone type if not listed above

<input type="checkbox"/> Phone # _____ ext _____	Phone Type _____
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EMERGENCY CONTACT (contacts entered below will replace any emergency contacts currently in the system)

Primary

Name		Relationship	
Street Number & Name		City	
State	Zip	Home Phone	Work Phone

Secondary (optional)

Name		Relationship	
Street Number & Name		City	
State	Zip	Home Phone	Work Phone

Note: Employees making changes to their address or phone number are responsible for notifying their union as well as the following:

- Metro Credit Union: 1- 877-696-3876
- Deferred Compensation – Great West: 877-457-1900
- Dependent Care Assistance / Health Care Spending Account – Benefit Strategies: 1-888-401-3539 or www.benstrat.com
- Long Term Savings Bonds: Complete new savings bond card and remit to Personnel/Payroll Processing unit

AUTHORIZATION I authorize the Commonwealth to make the appropriate changes to my employee data as noted on this form.

Employee Signature _____

Date _____